SO-TI-COID

NOTICE OF CANCELLATION, NONRENEWAL. CONDITIONED RENEWAL OR CHANGE IN POLICY PREMIUM/TERMS

(California) INSURANCE COMPANY Reliance Insurance Company of Illinois KIND OF POLICY: Freeport, IL Closure and/or Post Closure POLICY NO: NIA251274102
CANCELLATION, EXPIRATION OR CHANGE WILL TAKE EFFECT AT NAME AND ADDRESS OXFORD TIRE RECYCLING OF September 27, wil 998 12:01 a. The STANDARD INVI NORTHERN CALIFORNIA, INC. OF INSURED DATE OF MAILING May 29, 1998
ISSUED THROUGH AGENCY OR OFFICE AF
ECS, INC., 520 Eagleview Blvd. 4561 Ingram Creek Road P.O. Box 969 Westley, CA 95387 P.O. Box 636, Exton, PA 19341-0636 (Applicable Item marked [X) You are hereby notified in accordance with the terms and conditions of the above mentioned notified in accordance with the terms and conditions of the above mentioned notified in accordance with the terms and date mentioned above. CANCEL-LATION 50-TI-ORIGINAL TO FILE # _ Reason for cancellation: Nonpayment of premium. TO accompance with law, that your insurance will You are hereby notified in accordance with the terms and conditions of the above mentioned points, and cease at and from the hour and date mentioned above. NONPAYMENT OF PREMIUM Reason(s) for cancellation: COPY TO COPY TO. COPY TO If this cancellation pertains to a policy providing insurance on real property used predominently for residential purposes, consisting of not more than four dwelling units, or on personal property other than used in the conduct of a commercial or industrial enterprise, or for legal liability primarily for risks other than those arising from the conduct of a commercial or industrial enterprise, and the policy, if an original, has been in effect 60 days or more or it is a renewal, upon your written request we will furnish the facts on which the cancellation is based. See also the "Important Notices" section below for Additional Information Regarding the Reason(s) for Cancellation, and for other information that may apply A bill for the premium earned to the time of cancellation will be forwarded in due course. Premium Premium adjustment will be made as soon as practicable after cancellation becomes effective Adjustment being the amount of return premium at pro rata rate for the unexpired term of this policy. Enclosed is \$_ The excess of paid premium, if any, above the pro rata premium for the expired time, (if not tendered) will be refunded upon demand. You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed. NON-RENEWAL See the "Important Notices" section below for other information that may apply. You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned CONDIpolicy, which will expire effective at and from the hour and date mentioned above, will be renewed, however, the renewal will be conditioned on one or more of the following changes being made in the renewal policy (such being a reduction of limits, elimination of coverages, increase in deductibles or increase in the rate upon which the premium is based): TIONED RENEWAL Description of change(s) and/or the amount of any premium increase (description continued on separate sheet if necessary): CHANGE You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that there will be a premium increase, reduction in limits and/or change in policy conditions applying to the above mentioned policy effective at and from the hour and date mentioned IN POLICY PREMIUMS above. The changes are described below Description of change(s) and/or the amount of any premium increase (description continued on separate sheet if necessary): Reason(s) for change(s): Automobile Insurance Plan Information: If this notice of cancellation of concentration applies to automobile insurance, you are possible eligible for automobile insurance. Hrough another insurer or under the California Automobile Assigned Risk Insurance. You have been notified herewith that this Company will no longe be carrying your insurance. If you wish to replace your policy you should make an effort to obtain insurance through another company in the normal market li you have difficulty in procuring replacement coverage in the normal market and possibly may obtain basic fire insurance coverages through the Californic Fair Plan Association. Insurance through the Association is available only in Certain areas of the state. For further information or assistance in obtaining basic property insurance through the RAIR Plan, please contact your agent or broker or the Plan at 1-213-427-3060 or 1-800-252-0089 (in California only) Additional information Regarding the Reason(s) for Cancellation/Nonrenewal (another and in another additional information Regarding the Reason(s) for Cancellation/Nonrenewal (another another anot IMPORTANT HOTICES Additional information Regarding the Reason(s) for Cancellation/Nonrenewal (applicable only to policies providing insurance primarily for personal, famil or household needs rather than business or professional needs, except this provision does not apply if termination is due to nonpayment of premium) You have the right to know the specific items of information that support the reason(s) given for this decision and the identity of the source of that information. You also have the right to see and obtain copies of documents relating to this decision. If you ask us to correct, amend, or delete any information about you in our files and if we refuse to do so, you have the right to give us a concise statemen of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it. If you would like additional information concerning this action, state law requires that you submit a written request within ninety (90) business days o the date this notice was mailed to you. Please send your request to: -More and basers of the person or desprinted to contact for additional an Consumer Report: In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency